

Discharge Planning Challenges Facing North Carolina's Homeless Shelter Providers

Emergency, Transitional, and Day Shelter Providers Survey Report

Carson Dean, April 2008

Preface

As communities in NC begin designing and implementing Ten Year Plans to End Homelessness, more emphasis is placed on the need to do a better job coordinating discharges from state mental institutions, local medical hospitals, correctional facilities, and other inpatient treatment providers. Too often, individuals experiencing homelessness go from inpatient treatment to homeless shelters and back, sometimes very often, with little meaningful coordination between the providers – and even less communication that includes the consumer.

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Preface

Continued...

As a shelter director struggling with this issue, I decided that our program needed to change its business practices and facilitate discharge planning for our clients. I also wanted to know more about what other shelters were doing across the state and so I developed a survey that would help provide insight into this issue from the shelter provider's perspective; after all, they are the ones providing emergency housing when homeless consumers are discharged from institutions.

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Preface

Continued...

What I learned was that all shelters are struggling with how best to serve homeless clients with complex mental health and substance abuse issues. Also, shelters want to be part of a larger dialogue to address this issue more systematically, but staff tend to be so consumed with daily responsibilities that participating in such as dialogue poses its own challenges.

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Preface

Continued...

In reporting the survey results, I have taken the approach that gathering honest data and opinions from shelter providers will help stimulate needed dialogue. Survey participants were not accusatory or defensive in their comments, they want just as much as anyone to help vulnerable consumers. What is often overlooked is the fact that shelter providers are not part of a statewide system like the state mental health hospitals or correctional facilities.

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Preface

Continued...

Shelters are independent service providers following their particular agency's mission and often focusing on a targeted population (men, domestic violence, families, etc.). This limits their ability to speak with a collective voice and coordinate efforts to promote systemic changes.

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Preface

Continued...

Hopefully, this survey is one small step in helping shelter providers gain a collective voice regarding the need for comprehensive discharge planning.

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Introduction

In March, 2008 a survey was sent to 136 homeless shelters across North Carolina. The goal was to gain some collective insight regarding the challenges service providers were facing with discharges from mental health facilities, medical hospitals, and prisons. For the purpose of this survey, the term "shelter" meant any emergency, transitional, or day shelter. In return for their candor, those surveyed were assured that they would not be identified, thus there is no list naming the shelters participating in this survey. This report does identify the communities (city/county) representing survey responses received. For participating in the survey, providers were offered nothing in return except receipt of the final report.

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Introduction

Continued...

Surveys were sent to those listed on the N.C. Office of Economic Opportunity's website as recipients of 2007 Emergency Shelter Grant (ESG) funding. Doing so made compiling a mailing list easier and ensured that a comprehensive statewide sample was surveyed. As a result, however, not all shelter providers in N.C. were sent surveys. The N.C. Office of Economic Opportunity did not sponsor, endorse, or participate in any way in this survey.

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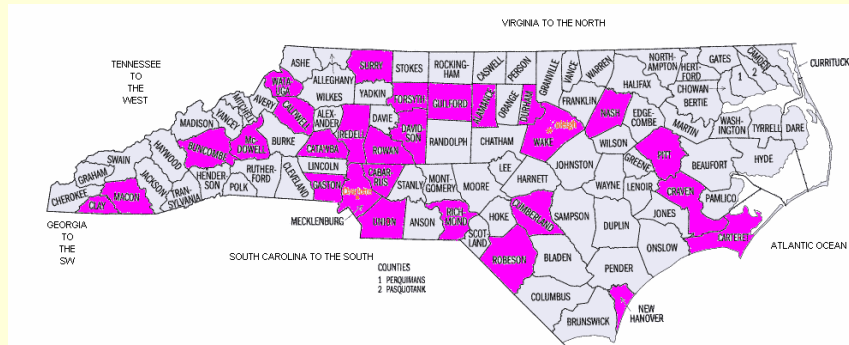
Introduction

Continued...

The intent of this report is merely to engage the state's homeless, mental health, substance abuse, medical, and correctional programs in much needed dialogue about the roles and responsibilities of all in providing a comprehensive continuum of services needed by our state's most vulnerable citizens – those experiencing and at-risk of experiencing homelessness.

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Survey Responses



47 surveys were collected from 31 communities across North Carolina, representing 28 different counties. Of the 136 surveys solicited, 34.5% were completed and returned.

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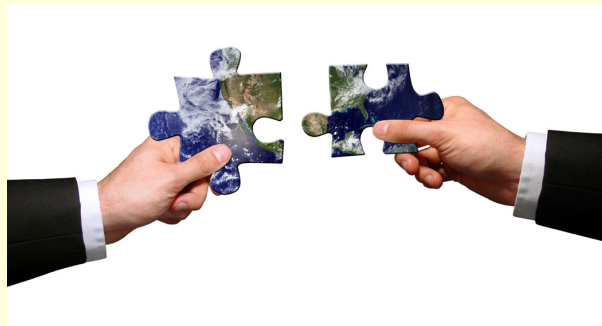
Survey Responses by Community

Asheville / Buncombe County
 Belmont / Gaston County
 Boone / Watauga County
 Burlington / Alamance County
 Charlotte / Mecklenburg County
 Concord / Cabarrus County
 Fayetteville / Cumberland County
 Durham / Durham County
 Elkin / Surry County
 Franklin / Macon County
 Gastonia / Gaston County
 Greensboro / Guilford County
 Greenville / Pitt County
 Hayesville / Clay County
 Hickory / Catawba County

High Point / Guilford County
 Lenoir / Caldwell County
 Lexington / Davidson County
 Lumberton / Robeson County
 Marion / McDowell County
 Monroe / Union County
 Morehead City / Carteret County
 Mount Airy / Surry County
 New Bern / Craven County
 Raleigh / Wake County
 Rockingham / Richmond County
 Rocky Mount / Nash County
 Salisbury / Rowan County
 Statesville / Iredell County
 Wilmington / New Hanover County
 Winston-Salem / Forsyth County

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DISCHARGE PLANNING Referrals & Coordination



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Section One

Discharge Planning with Inpatient Mental Health and Substance Abuse Facilities

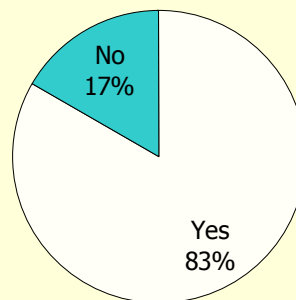
From Survey Questions 1 & 7

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Discharges from Mental Health & Substance Abuse Facilities

Survey Question #1

Do you accept referrals from psychiatric hospitals, inpatient mental health facilities, and/or inpatient substance abuse programs?

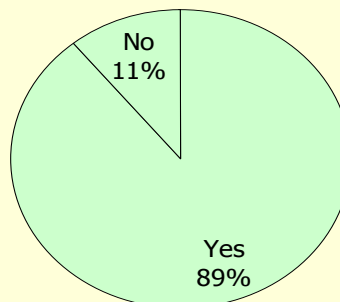


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Coordinating Mental Health & Substance Abuse Facilities Discharges

Follow Up to Question #1

If you do you accept referrals (answered "yes" to previous question) from psychiatric hospitals, inpatient mental health facilities, and/or inpatient substance abuse programs, do you **coordinate** discharges from these hospitals to your shelter



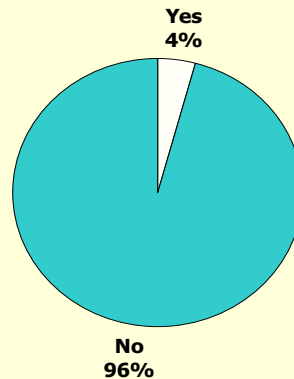
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Providing Assistance to Substance Abusers

Question #7

Does your shelter provide detox assistance?

Out of 47 responses only 2 providers indicated that they offered some form of detox and only 1 of those 2 providers identified the type of detox assistance offered (they indicated offering both medical and non-medical)



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Analysis - Section One

While a large proportion of responses indicated that they did accept mental health and substance abuse discharge referrals (83%), a significant percentage (17%) answered "no" to this question. When asked why they would not accept these referrals only one stated that they "do not accept clients with substance abuse or mental health concerns." The others answered "no" because they were either a transitional housing program with an admissions process that made discharge planning difficult or required evidence of a certain amount of clean time (sobriety). One provider indicated that they would take a client with mental health or substance abuse issues if they client referred themselves to their program.

Of the 40 responses that stated they would accept referrals, 89% indicated further that they coordinated these discharges with the referring facility. However, upon closer examination of the responders comments it appears that "coordination" is loosely defined and such coordination appears to often take place out of immediate client need and not because of a systematic planning process.

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Survey Comments - Section One

The survey asked responders to comment on the **biggest challenges** they faced regarding discharge coordination. The following are a sample of the more than three dozen comments received:

People not having medications, being overmedicated, or having meds that are contraindicated with others (no physician supervising this).

Poor discharge planning, sometimes none at all. Experience delays in getting needed mental health services once discharged.

Determining from hospital staff whether the patient is appropriate for shelter residency, and stable in their treatment plan to come to the shelter.

We are not mental health professionals and sometimes we feel we need to be. [Abusing] meds and suicidal ideation are two huge issues we deal with.

The referrals we accept ...are limited as the client must be mentally and physically able to become self-sufficient within a designated time period.

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Survey Comments - Section One

Continued...

The biggest challenges include the lack of training had by the shelter staff and access to follow-up services.

We coordinate discharges when hospitals/programs contact us. They do not always do so.

Biggest challenges include lack of mental health and substance abuse treatment services, medications to treat mental illness, [and] permanent housing options.

Availability of services after release and also less than truthful information given to us regarding the client's ability to live independently.

Many, possibly most, are in need of treatment that we cannot provide. Our services are limited to a bed from 7pm-7am.

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Conclusion – Section One

It is evident that more communication and collaboration is needed between different systems, in each community, serving individuals and families experiencing homelessness. Interestingly, survey responses to this particular question did not mention money (or funding) as a major challenge. Instead, they appeared focused on how to get everyone involved to share information timely and work together to ensure necessary treatment, medication, transportation, and follow up appointments are in place. Shelter providers are also very concerned about available and affordable housing options for clients once they have to leave the shelter.

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Section Two

Discharge Planning with Local Medical Hospitals

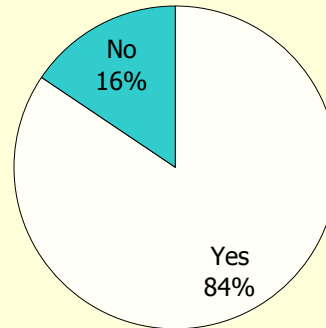
From Survey Question 3

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Discharges from Medical Hospitals

Question #3

Do you accept discharges straight from local medical hospitals to your shelter?

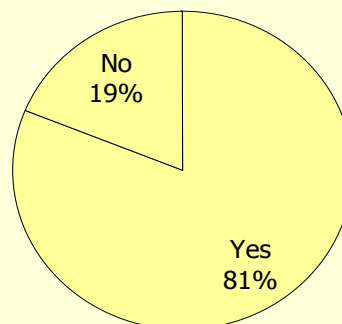


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Coordinating Medical Hospital Discharges

Follow Up to Question #3

If you do accept discharges (answered "yes" to previous question) do you **coordinate** discharges from hospitals to your shelter?



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Analysis - Section Two

Responses to this question were very similar to responses in section one.

Again, at least one provider would accept a self-referral but does not accept referrals from the local medical hospital. Another provider cited lack of medical staff as their reason for being unable to accept discharges from the local hospital.

For those shelters willing to accept medical hospital discharges, some common concerns appeared throughout the survey responses. Notably, most shelters lack medical personnel and, therefore, are very concerned about their ability to assist the client once at the shelter. Lack of medications coming with the client and lack of shelter staff being made aware of medications prescribed for the client was another prevalent concern. Transportation to follow up appointments and coordination of aftercare treatment is another major challenge for shelters.

Even with these valid concerns, 84% of shelters surveyed indicated they accepted discharges from medical hospitals and 79% indicated that they worked to "coordinate" those discharges with the hospital.

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Survey Comments - Section Two

The survey asked responders to comment on the **biggest challenges** they faced regarding coordination of discharges from medical hospitals. The following are a sample of the three dozen comments received:

Without a nurse or doctor on staff, keeping the client in stable health and up with discharge care and appointments is difficult.

Client must be able to care for self – cook, bath, etc.

Meeting the client's recovery needs could be a concern ... Our shelter is handicap accessible but the staff is not trained to assist with some medical issues.

The only challenge we have faced is serving individuals with complex medical problems including individuals who require extensive care. We are not staffed with any medical personnel. We will allow home health personnel in the shelter to provide care if necessary. However, this is limited.

Many, possibly most, are in need of treatment that we cannot provide. Our services are limited to a bed from 7pm-7am.

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Survey Comments - Section Two

Continued...

Often [consumers] arrive with no coordination... [hospitals] send people here – quite a high number – who truly need an assisted living facility.

Incorrect information is often relayed to us from the facility about transportation and discharge instructions.

Transportation to medical appointments and follow-up care.

The challenge is housing clients who need convalescent or wound care, or some other need beyond what we can reasonably provide.

Biggest challenge – medications, medical follow-up. Many times the person is legitimately disabled but not receiving Social Security Disability, so they end up staying with us for long periods of time because they are sick and have no way to support themselves and provide housing, food, medical care, etc.

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Conclusion – Section Two

Shelter providers across the state are attuned to the comprehensive support services needed by someone leaving a medical hospital with no where to go. Shelters obviously want to be of assistance, but have severe limitations when it comes to meeting medical needs. Many shelter providers worry that allowing someone to come to the shelter when its not an appropriate placement will do the client more harm than good.

More conversation with local hospitals to discuss limitations of shelters and foster better coordination of discharge plans is critical. One shelter noted vast improvement since a medical respite program was started. More information and training on this best practice is needed.

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Section Three

Discharge Planning with Prisons and Jails

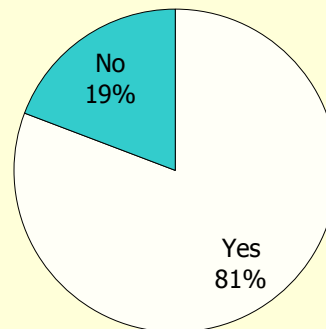
From Survey Questions 2, 5 & 6

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Discharges from Jail or Prison

Question #2

Do you accept clients
coming straight out of
jail or prison?

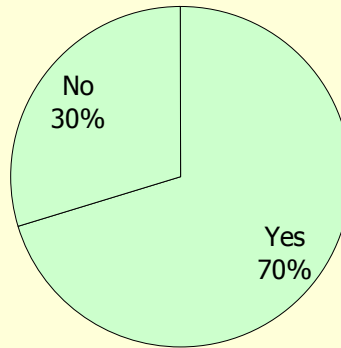


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Coordinating Jail/Prison Discharges

Follow Up to Question #2

If you do you accept clients (answered "yes" to previous question), do you **coordinate** discharges from jails/prisons to your shelter?

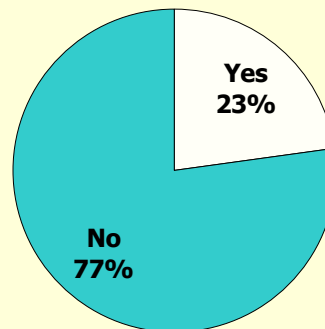


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Assisting Ex-Offenders

Question #5

Do any of your staff have specific training or experience assisting ex-offenders?

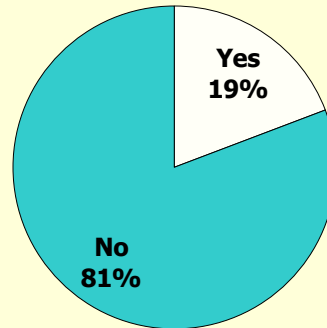


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Assisting Sex Offenders

Question #6

Will your shelter accept sex offenders?



Out of 42 responses only 8 providers indicated that they would accept sex offenders

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Analysis - Section Three

Shelter providers cite lack of information as a major challenge when it comes to discharge coordination with jails and prisons. They also point out that helping ex-offenders obtain employment and housing is a major challenge. That said, 81% indicated they accept clients coming straight from jail or prison and 70% indicated that they "coordinate" these discharges with the correctional facility.

Why someone was incarcerated plays an important role in a shelter's willingness or ability to accept a referral. Only 19% (a total of 8 shelters in NC) acknowledged that they would accept a sex offender into their shelter. Their comments suggest this is largely a safety and public relations challenge, even when they are willing to accept clients.

Only 23% of responses indicate that shelter staff have specific training or experience working with ex-offenders, making this a very difficult population for homeless service providers to effectively assist.

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Survey Comments - Section Three

The survey asked responders to comment on the **biggest challenges** they faced regarding serving ex-offenders. The following are a sample of the more than four dozen comments received:

Reasons cited for not accepting jail or prison discharges:

Our policies direct us to accept women and women with children, who meet our criteria – we are not set up to handle individuals who would come directly from being incarcerated.

Employment requirement before admission.

No convicted felons.

Prefer half-way house.

Challenges when accepting discharges from jail or prison:

Clients stealing, trying to get other client's meds, violating rules, having no where to discharge them to.

Poor discharge planning or none at all.

We have experienced challenges assisting individuals with locating housing and employment because of their criminal histories.

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Survey Comments - Section Three

Continued...

We are only able to accept clients who are non-violent and whose criminal history is for non-violent crime.

If a victim of domestic violence calls and they have been put in jail because of domestic violence, we will accept them into the shelter.

However, we will not accept them into the shelter if they are the abuser.

Actually, we have had good experiences with these clients.

Rarely coordinated by jail/prison – [they] go elsewhere first or show up without our knowledge that they're coming.

Challenges shelters face in accepting sex offenders:

Next to child care facilities.

Under great pressure from certain members of the community to prohibit sex offenders and felons – currently accept on a case by case basis

Too close to schools, they would be in violation if registered.

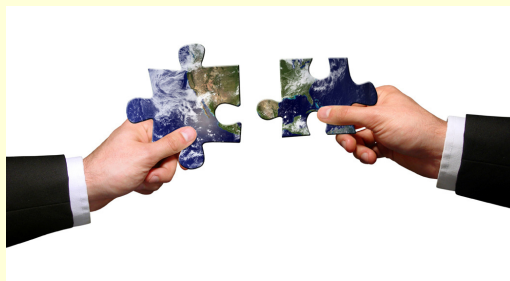
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Conclusion – Section Three

Shelters are attuned to the difficulties ex-offenders face in finding employment and obtaining housing. Shelters appear to be concerned about accepting ex-offenders into their shelter and then not being able to help them find a permanent place to go. Public pressure or NIMBYism ("Not in my back yard") is a major challenge for shelters when it comes to serving ex-offenders, especially those with sex offense histories. From the survey, it is apparent that shelters are willing to serve these consumers (the fact is that a large portion of homeless individuals have criminal histories, ranging from minor charges such as trespassing to more serious offenses), they just don't always have the resources to be successful and face scrutiny regarding who they choose to serve. More information from correctional facilities and more training for staff related to assisting ex-offenders is greatly needed.

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Staff Specialization, Experience, and Training



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Section Four

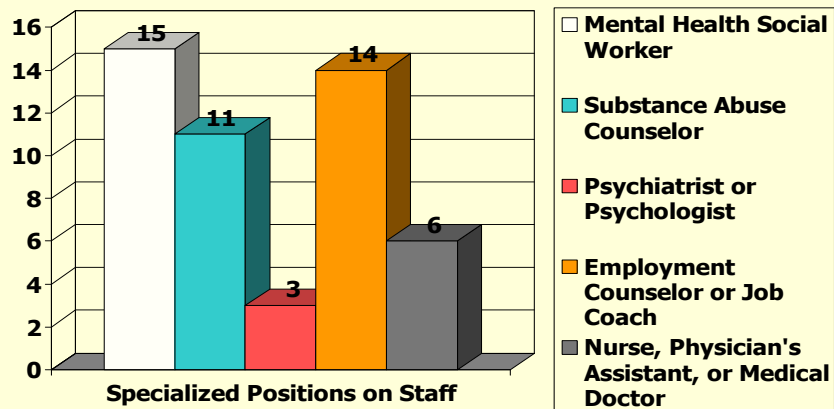
Staff Specialization, Experience, and Training related to Discharge Planning

From Survey Questions 4 & 8

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Which, if any, of the following specialized
staff positions do you have at your shelter?

Question #4

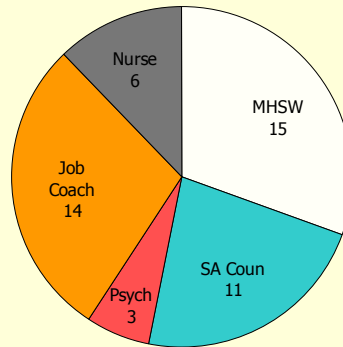


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Specialized Staff

Follow Up to Question #4

Of the 43 total responses to this question, this chart illustrates the total cumulative number of specialized positions that service providers indicated having on-site



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Other Specialized Staff

Follow Up to Question #4

Service providers were asked what other specialized positions they had on-site. Responses included:

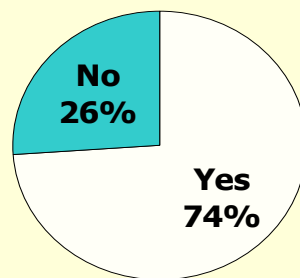
- Case Manager (indicated by 4 providers)
- Housing Specialist
- BSW Social Worker
- Substance Abuse Volunteers
- Part-Time Clinical Social Worker
- Executive Director is an LCSW
- Program Manager is certified in Child Welfare
- Advocates

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Would you be interested in training or workshops designed to help facilitate discharge planning with psychiatric facilities, jails/prisons, and/or medical hospitals?

Question #8

34 of 46 responses indicated a desire for more training



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Analysis - Section Four

It's apparent that shelter staff are doing more specialized work than they are trained to do. For example, 83% of responses indicated accepting clients from psychiatric hospitals and inpatient treatment facilities, yet only 35% of shelters surveyed have a mental health social worker, only 26% have a substance abuse counselor, and only 7% have a psychiatrist or psychologist. Likewise, 84% of those surveyed accept clients from medical hospitals, but only 14% indicated having a nurse, physician's assistant, or medical doctor on staff. When it comes to helping ex-offenders, the numbers are similar. Eighty-one percent of shelters surveyed accept clients straight out of jail or prison, although only 33% have an employment counselor or job coach and just 23% indicated that their staff had specific training or experience related to assisting ex-offenders. When asked what other specialized staff shelters had on-site, four respondents included "case manager" in this category. Regarding training related to discharge planning, 74% expressed an interest in workshops and other training for their staff.

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Survey Comments - Section Four

The survey asked responders to comment on why they **would not** be interested in training or workshops designed to help facilitate discharge planning. The following are major reasons cited:

It is not our field.

I don't think at this time we receive enough referrals or requests for this to warrant a training

This ministry is not staffed or set up to serve this population, and it is not part of our mission.

Program criteria – prioritize situations which have fewer barriers, greater potential for rapid re-housing.

No funding for such activities.

Not really as applicable to day shelter.

Understaffed (maybe some time in the future).

We have a worker at the jail site.

This is already handled by our medical facilities.

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Survey Comments - Section Four

Continued...

The survey asked responders who indicated they **were interested** in training or workshops to comment on what they think is going to be the greatest challenges in carrying out discharge planning. The following are a sample of the more than two dozen comments received:

Availability of beds in our shelter.

Our being misled about how clients are really doing and being used to "dump" clients who aren't appropriate.

Longer timeline necessary for admission in a transitional setting requires more advanced planning.

Our biggest challenge will be connecting with the right staff person at the time of service request.

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Survey Comments - Section Four

Continued...

Lack of training, lack of funds, lack of community resources.

Limited service provision on-site ... finding local resources to fill in gaps.

Cooperation of clients.

There is no private or public transportation in our county.

Lack of suitable placement for clients and their needs.

Having all resources in place when client arrives.

Understanding the changing mental health system.

I think it would be easier to know how to handle clients and their issues if we had discharge planning.

The fact that in N.C. it is not illegal – as it is elsewhere – to discharge to homelessness...

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Conclusion – Section Four

A more concentrated effort to provide training for shelter staff across the state, including strategies for coordinating discharge planning in their community, is a critical first step. Systemic changes are needed to place emphasis on what are now voluntary planning collaborations. Many shelters have narrowly defined purposes, either because of their mission or because of limited resources. Helping mental health, substance abuse, medical, and correctional institutions better understand their local shelters' abilities, limitations, and non-negotiables is an important starting point for fruitful dialogue regarding discharge planning.

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Challenges

Shelters surveyed were asked to answer the following question
(Question #9 on the survey):

What do you think are the greatest challenges facing shelters in NC as it relates to assisting homeless individuals or families with mental illness, substance abuse issues, chronic medical problems, and criminal records?

Almost everyone (91%) responded with over 65 separate comments. These comments can be categorized to illustrate several prevailing themes relevant to discharge planning.

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Prevalent Themes

- Community & Financial Resources (to assist shelter providers)
- Mental Health & Substance Abuse Issues (issues for client and service providers including mental health reform)
- Employment & Housing (affordable housing, employment for ex-offenders, livable wages)
- Medical and Healthcare Issues (access, chronic conditions, follow up, medication assistance)
- Supportive Services for Homeless Clients (transportation, identification)
- Staff & Operational Issues (training, capacity building, facilities, hours of operation)
- Public Awareness (stigma associated with homelessness, public attitudes)

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Survey Comments

Comments provided regarding the **greatest challenges** facing NC shelters as it relates to assisting homeless individuals or families with mental illness, substance abuse issues, chronic medical problems, and criminal records. The following is a sample of the more than five dozen comments received:

Finding suitable and affordable housing options for clients; supportive services for low income and homeless individuals with a need for mental health treatment, employment, and substance abuse treatment.

If someone is applying for disability, there are limited shelters that can house them long enough to receive payments.

Having inadequate resources to supervise clients having active substance abuse problems, clients being overmedicated [and] supervised primarily by paraprofessional staff (community support) with little training.

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Survey Comments

Continued...

We serve families so criminal records related to violence, arson, and crimes against children are a big “no-no.” Most shelters lack specialized staff on-site and MH/SA providers off-site can provide unreliable level of care. Lack of affordable housing is a major underlying issue.

We have very limited long-term inpatient treatment for mental illness and/or substance abuse resources. Some individuals are just not appropriate for domestic violence shelter communal living environments. DV shelters are just not designed to address such a range of illness and they should not be. Mental health reform in NC has created even more gaps in services for individuals with the greatest challenges. Public housing is not accessible to individuals with certain criminal histories.

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Survey Comments

Continued...

We have become the only resource for housing in town. With all the funding cuts in social services and mental health, it's becoming more difficult to [help] women/families [become] self-sufficient.

Trained staff, money to support programs, and facility space. Stigma is part of the problem as well. Follow-up upon discharge. “Dumping” into places – like rest homes – is still a problem, too.

Lack of resources in the rural communities for these populations.

Lack of appropriate support services. Inappropriateness of large congregate shelter environments for these populations. Lack of options for permanent affordable housing.

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Survey Comments

Continued...

Once again, the main issue is the client has dual issues. Not only do we have to focus on the homelessness, but we have to deal with the other issues that they have. It is hard to deal with multiple problems when they go hand-in-hand. So many issues arise because of another issue and if one issue is not dealt with then the other issues can't be dealt with.

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Author's Recommendations

- ✓ Include strategies related to Discharge Planning in each of N.C.'s 10-Year Plans to End Homelessness, including best practices such as medical respite programs
- ✓ Include state systems (mental health, corrections, etc.) in local 10-Year Plans
- ✓ Promote Discharge Planning conversations, workshops, and trainings in every community
- ✓ Implement systemic changes that put homeless service providers, and clients, at the same table with medical hospitals, mental health treatment centers, and correctional facilities to facilitate a true continuum of supportive services.

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Selected Resources

North Carolina Coalition to End Homelessness (www.ncceh.org)

National Alliance to End Homelessness (www.naeh.org)

Homelessness Resource Exchange (www.hudhre.info)

U.S. Interagency Council on Homelessness (www.ich.gov)

NC Interagency Council for Coordinating Homeless Programs
(www.dhhs.state.nc.us/homeless/homelessfacts.htm)

